

Please type a plus sign (+) inside this box →

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-003
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number: 38 1416 First Named Inventor: Iglesias COMPLETE IF KNOWN Application Number: / Filing Date: / Group Art Unit: / Examiner Name: /		
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)				
As a below named Inventor, I hereby declare that:				
My residence, mailing address, and citizenship are as stated below next to my name.				
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:				
<i>Enhanced Software Components</i> (Title of the Invention)				
the specification of which				
<input checked="" type="checkbox"/> is attached hereto.				
OR				
<input type="checkbox"/> was filed on (MM/DD/YYYY) <input type="text"/> as United States Application Number or PCT International Application Number.				
and was amended on (MM/DD/YYYY) <input type="text"/> (if applicable).				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.				
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT International application having a filing date before that of the application on which priority is claimed.				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Certified Copy Attached? YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.				
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.				
Application Number(s)	Filing Date (MM/DD/YYYY)		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.	
<small>Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.</small>				

<input checked="" type="checkbox"/> I have read and signed this document → <input type="checkbox"/>		PTO-908 Approved for use through 10/31/2002 GPO: 0 U. S. Patent and Trademark Office, U. S. DEPARTMENT OF COMMERCE	
DECLARATION — Utility or Design Patent Application			
Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label	<input checked="" type="checkbox"/> FAX <input type="checkbox"/> Correspondence address (see below)
Name _____			
Address _____			
Address _____			
City _____		State _____	ZIP _____
Country _____		Telephone _____	FAX _____
<p>I hereby declare that all statements made herein, to my own knowledge, are true and that all statements made on information and data believed to be true, and further, that these statements were made with the knowledge that willful false statements and the making of such statements by me or my agent, or both, under 18 U.S.C. 1541 and that such willful false statements may render void any patent or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned invention.	
Given Name <u>LINO</u> (first and middle (if any))		Family Name <u>IGLESIAS</u> or Surname	
Inventor's Signature <u>Lino Iglesias</u>		Date _____	
Residence: City <u>Caracas</u>		State _____	Country <u>Venezuela</u> Citizenship <u>Venezuela</u>
Mailing Address <u>Au. La Selva la colina Con Andres Bello</u>			
Mailing Address <u>Qta. M.c. negros</u>			
City <u>Caracas</u>		State _____	ZIP _____
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned invention.	
Given Name _____ (first and middle (if any))		Family Name _____ or Surname _____	
Inventor's Signature _____		Date _____	
Residence: City _____		State _____	Country _____ Citizenship _____
Mailing Address _____			
Mailing Address _____			
City _____		State _____	ZIP _____
Country _____			